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ON

# PUERPERAL MANIA.



BY

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**On Puerperal Mania.** By THOMAS MORE MADDEN, M.D., M.R.I.A., Ex-Assistant Physician, Rotunda, Dublin Lying-in Hospital; M.R.C.S., Eng.; L.K. & Q.C.P.I.; L.F.P. & S., Glas. Formerly Demonstrator of Anatomy, Carmichael School of Medicine; Corresponding Fellow of the Obstetrical Society of Edinburgh; Corresponding Member of the Gynæcological Society of Boston, U.S., &c.

PUERPERAL mania is one of the most formidable, and not least frequent, diseases of childbed. Having had an extensive opportunity of studying this malady in the great maternity hospital with which I was connected, I now submit the following observations, made for the most part at the bedside, in the hope that they may be considered of some practical interest.

In ordinary private midwifery practice puerperal mania is by no means so frequently met with in proportion to the number of cases attended, as it is in the practice of a large metropolitan lying-in hospital. The reason for the difference in this respect between private and hospital obstetric practice is, that in the former the patients are generally in better circumstances and social condition, having less mental anxiety and physical privation than in the latter, especially if the public institution be one where every parturient woman who seeks admission is received without question. In such an institution the majority of patients are married women of the poorest class; wives of labourers and artisans, often broken down physically, and depressed mentally, by poverty and hardship. But besides these, there are also admitted a considerable number of unmarried women not unfrequently the victims of seduction, who come into the hospital to seek a shelter in the hour of labour, hoping at the same time to hide their shame and pass unnoticed in the crowd of patients. The records of the hospital prove conclusively that these latter are the most frequent subjects of puerperal mania.

During labour, at the termination of the second stage, when the child is passing through the vulva, there frequently occurs a paroxysm of high mental excitement, which some describe as a form of puerperal mania, but which is merely the transitory delirium of intense pain. This symptom is very commonly observed during labour, and is too transitory in its effects to require any special notice.

As the term puerperal mania has been applied to cases which I do not consider within the scope of this paper, I may, in the first place, observe that the subject of this communication is the etiology, pathology, and treatment of mental derangement occurring as a consequence of parturition, and within the period during which the

physiological changes which take place in the uterus and its appendages after delivery are still going on.

I am of course aware that by many writers on the subject the term puerperal mania is understood to include those forms of mental disturbance which occur occasionally during pregnancy; and also that more common cerebral affection which sometimes results from over protracted lactation. These cases, however, I regard as distinct affections from that which forms the subject of the following observations:

*Etiology of puerperal mania.*—The causes of puerperal mania may be divided into predisposing, exciting, and proximate. The last term, although now so generally discarded, I have still retained, as it appears to me to express most appropriately the immediate, or essential, physical change, which, as will presently be seen, I regard as intimately connected with the malady now under consideration.

In many of the cases of puerperal insanity which have come under my observation, no predisposing cause was ascertained to exist. But in others, and these the larger number of cases, the disease in question was evidently connected with physical want and mental distress. Previous mental disease and family predisposition to insanity had existed in several cases.

The average age of the patients affected with puerperal mania corresponds very closely with the period of life at which pregnancy is most frequent. Thus, of 1996 cases of puerperal mania which I have collected from various authorities, in 1239 cases the disease occurred between the ages of twenty and thirty. The number of primipara attacked by puerperal mania is greater in very young and very old women in proportion to the total number, and more especially\*so in persons advanced in life. The same tables also prove that primipara are more liable to puerperal mania than multipara.

The condition of the patient as to marriage appears to have a marked influence in the causation of this disease. A large proportion of the cases of puerperal mania occur in unmarried women. Thus, of the patients suffering from mania after parturition that I have seen, twelve out of twenty were unmarried. The same fact is established beyond doubt by the statistics of the disease, as may be seen by the following table:

Authority.	Total cases.	Married.	Unmarried.	Widows.
Hanwell report . . .	415	122	263	30
Queen Charlotte's Hospital report . . .	11	3	8	
Dr. Jacobi's report . . .	835	156	599	80
Dr. Tuke's report . . .	73	60	13	

The explanation of this circumstance is very obvious, and to it

may be applied the reasons by which I have elsewhere accounted for the prevalence of puerperal fever amongst unmarried patients. In their case the pangs of labour are assuaged by no moral consolation; the present is full of anguish, and the future is lighted by no ray of hope. Can we wonder that these poor creatures, predisposed to disease by the combination of every moral as well as physical cause which could depress their vital powers, indifferent to life, nay, even, as I have but too often heard them, wishing for death—should, under such circumstances, be peculiarly liable to puerperal mania as well as to metria.

The pregnant state itself appears to predispose to functional cerebral disturbances in many cases. To this fact may be referred those otherwise unaccountable alterations in tastes, habits and dispositions, that irritable condition of mind and temper, those unreasonable likings and aversions, those irresistible longings and foolish fancies which in some women invariably accompany pregnancy.

In several of the cases of puerperal mania which occurred in the practice of the hospital, and more especially in the extern practice, the shock and exhaustion of difficult or complex parturition appeared to act as the exciting cause of the disease.

In cases where puerperal mania is attended by any other puerperal disease affecting the whole system, such as puerperal fever or any of its varieties, metria, pyæmia, &c.; or where less serious puerperal affections accompany the mania, such as milk fever, hysteria, or ephemeral fever, the mania is merely symptomatic of the morbid constitutional condition of the patient, even though it may somewhat precede any manifestation of the latter. But, in the majority of cases, puerperal mania is uncomplicated by any other disease, and must be ascribed to the operation of depressing mental influences, or to the nervous shock and exhaustion consequent on parturition, or to the combined action of both causes. The nervous system being at this time in a state of peculiar tension, and the physical condition of the patient being one of depression and exhaustion, it is easy to suppose how readily, under such circumstances, the puerperal state may act as the exciting, as well as the predisposing, cause of mania.

The ordinary exciting cause of puerperal mania is the injudicious kindness of the patient's family and friends, who too often insist on being admitted to visit her. I have seen so many examples of the ill consequences of such visits in causing mental excitement that, as far as possible, I now exclude all visitors from the lying-in room until the patient is able to sit up. For the same reason all unpleasant news, or any conversation which might in any way excite her, must be avoided. I have known puerperal mania follow from a patient being allowed by an injudicious nurse to read a letter containing some unexpected family intelligence on the eighth day after delivery. With few exceptions, the cases of puerperal mania that I have seen



manifested the symptoms of the malady within the first week after delivery ; and this fact is to some extent a confirmation of the old idea that the complaint in question is connected with the irritation caused by the secretion of milk, especially if this be disturbed or put back, in which case a metastasis to the cerebral system was held to take place. Dr. Horatio Storer, of Boston, has, in his recently published work on 'Reflex Insanity in Women,' with great ability advocated the view that the frequency of insanity in females is owing to reflex irritation caused by ovarian or uterine derangements. The same theory has been applied to explain the cause of puerperal mania. There can be no doubt, however, that toxæmia, or puerperal blood poisoning, plays at least fully as important a part in the causation of puerperal mania as reflex irritation does. In the great majority of these cases suppression, or diminution of the lochia, which generally became fœtid as well as scanty before disappearing, was observed. The retention of the matter which should be thus eliminated, and its circulation through the cerebral vascular system affords, I think, a not improbable explanation of many of the phenomena of puerperal mania. I must say, however, that I have seen well marked cases of puerperal mania in which there was no diminution of either the mammary secretion or the lochia.

To understand why it is that puerperal women are so liable to a peculiar and generally speaking transient form of mental disturbance, we must bear in mind that for healthy thought, or mental action, a healthy condition of the blood in circulation through the brain, as well as a normal state of the circulation itself—that is to say, a perfect freedom from any derangement of the general circulation, or local misdirection of blood which might seriously disturb the balance of the circulation, is essential. I have seen more than one case of puerperal mania which commenced apparently during the patient's sleep ; and this reminds me of an observation I made in an essay of mine published some years ago, 'On Dreaming considered especially in relation to Insanity,' viz. that fearful dreams, if frequently repeated, may eventually influence the permanent state of the mind ; and, considering the close resemblance between the phenomena of dreaming and insanity, which is but "a waking and active dream," we may expect that the former condition, if prolonged, might pass into the latter state. Insanity occasionally does commence in a dream that continues after the cessation of sleep, and cases are recorded in which persons recovering from mental alienation were nightly disturbed in their dreams by the same hallucinations which had previously haunted them in the waking state. "Some women, for instance," says Dr. Storer, in his recent work on 'Reflex Insanity in Women,' "are much troubled with frightful dreams whenever they are pregnant. Dr. Lowder used to relate the case of a lady who was obliged to have a nurse sitting at her bedside all night to

watch her countenance while she slept, and to awaken her as soon as she perceived her exhibiting distress under the influence of her dreamy terrors." This fact did not escape the notice of the most observant obstetric authority of the last century, in whose description of the phenomena of the disease it is alluded to, and therefore I have thought that the following extract from a manuscript report of Dr. William Hunter's Lectures on Midwifery, might be of interest. These lectures, which were reported by some member of Dr. Hunter's class during the session of 1785, are now in the possession of Dr. Johnston, the present distinguished Master of the Rotunda Hospital, Dublin.

"*Lecture XLI.* The next disease of the puerperal state to be mentioned is Phrenitis. When, upon paying our second visit, we find that the patient has had no sleep, that her pulse is not less than 100; when we inquire of her how she is, she replies that she has no complaint; we observe a remarkable quickness of her speech, her sight and hearing are also very acute, as, indeed, are all the senses to external impressions. If the lochia are present they go on naturally: the appetite remains normal, as also does the belly; in fact all the functions are now natural. In a few hours, however, violent pain in the head comes on, and often active outrageous delirium. In all cases wherein Dr. Hunter attended the disease came on in forty-eight hours after delivery. *Sometimes it attacks the woman while sleeping and dreaming.* Light and noise now make little impression. The pulse becomes more frequent, the excretions remain natural, the pupil becomes dilated. Whatever is offered her she readily swallows; the countenance remains natural, and so outrageous does she become that she frequently endeavours to leave her bed, or to spit upon those around her. Her pulse still increasing in frequency; stertorous breathing comes on, and now for the first time the attendants become alarmed for her safety. The countenance now becomes changed, the features sink, the eyes covered with mucus, and sometimes subsultus tendinum take place, sometimes also convulsions, and she at length sinks."

Bearing in mind the foregoing observation of Hunter's, the reader may understand my reason for applying to the explanation of what the old writers termed the *proximate cause* of puerperal mania a theory of my own, by which I attempted several years ago to explain the phenomena of dreaming. For it appears to me by no means improbable that the transitory mental disturbance of puerperal mania, to which more properly than to any other form of mania might be applied the observation that insanity is but a waking and active dream, is due to a similar proximate cause to the latter condition. In the communication just referred to, read before the Medical Society of the Dublin College of Physicians, I endeavoured to prove that dreams are caused by a

partial relaxation of the tonic contractility of the cerebral veins, which limits the amount of blood that passes through these vessels, and that thus the different parts of the encephalon may be in very different states of vascularity at the same time. For instance, the blood may be moving with much greater force and rapidity through the capillaries of the base of the brain than in those of the superior portions of the hemispheres; or, in other words, that something like active congestion, confined to a small portion of the cerebrum, occurs. And if, as it has been conjectured, the different parts of the brain are distinctly subservient to the several functions of the mind (a point, however, which can by no means be regarded as settled); and if, moreover, we admit that the local cerebral congestion and accompanying derangement in the balance of the cerebral circulation already spoken of may be due to local irritation produced by the action of puerperal blood-poisoning, by retained and morbidly altered lochial and other excretions that have been suppressed or diminished and decomposed so as to act as zymotic blood poisons; by this theory we might more easily comprehend the phenomena of a state in which certain of the mental powers are unduly excited and active, whilst the other faculties of the mind are for the time either blunted, perverted, or entirely suspended.

*Varieties and symptoms of puerperal mania.*—Two distinct forms of puerperal mania have come under my observation, viz., 1st, violent mania, attended with symptoms of inflammation of the brain or of its meninges; and, 2ndly, a low form of mental disturbance, in some cases presenting the symptoms of melancholia, in others, and much more commonly, closely resembling traumatic delirium. The acute inflammatory form is generally earlier in the period of its occurrence after labour than the low desponding type of the disease, and is, moreover, generally more favorable in its prognosis, as far as the mental condition of the patient is concerned. Two subdivisions of the disease were also noted. In the first the mental disturbance was not accompanied by any well-marked bodily complaint. In such cases it was observed that the pulse was, generally speaking, considerably accelerated, and I may here note the fact that in this disease, perhaps, more than in any other form of mental disturbance, the rapidity of the pulse may be regarded as a fair criterion of the severity of the attack. To this rule, however, I have seen some striking exceptions. The pulse in such cases generally approaches 100; when it is over 100 the case is very serious, and in the worst cases I have seen the pulse was over 120, and of these patients one died. In the form of the disease we are now considering the patient's face was generally pale, her skin cool and moist, and no headache was complained of. The accompanying delirium was usually of a low muttering character, the patient was anxious and desponding, and her condition was very similar to that of a person in typhoid



fever. It was often afterwards ascertained that patients thus affected had been victims of seduction.

In the second class of cases the disease sets in with decided evidences of pyrexia, and symptoms which might mislead an unwary practitioner into treating the case as one of active inflammation of the brain or of its membranes, requiring bold antiphlogistic treatment. In this form of puerperal mania there is usually a premonitory stage of sleeplessness and irritability of manner observed, the patient's mental powers become unduly active and her perception quicker than natural. Headache is generally complained of, she gradually becomes more excitable in manner; frequently appears in very high spirits, laughs loudly and causelessly, talks loudly and with a peculiarly rapid articulation. As the disease advances all these symptoms increase. The talking becomes a loud incessant babbling, generally on the subject of some imaginary injury or affront. Maniacal violence succeeds to mere irritability of manner, and is commonly directed against those whom the patient naturally holds dearest to her. Not unfrequently a homicidal tendency exhibits itself, having for its special object the destruction of the child; and if prevented from this by proper precautions, the patient, if unwatched, will probably escape from bed and may attempt self-destruction.

It is of great importance to watch for and detect the premonitory symptoms of puerperal mania, for thus detected the approaching disease may oftentimes be warded off by proper treatment. I have seldom seen a case of this kind which was not ushered in by a premonitory stage of insomnia, quickness of pulse, and an alteration in the patient's manner, which generally became discontented and quarrelsome with those about her. In some few of these cases, however, the disease appeared to commence suddenly, without any premonitory symptoms being noticed. In one case the patient awoke suddenly delirious, having been frightened in a dream, and having been apparently well when she went to sleep. In another the disease was ushered in by an attack of epilepiform convulsions, on the subsidence of which the patient was found delirious; and in a third, a determined attempt to kill the child was the first thing to attract attention to the patient's mental condition.

I may here observe that a decided aversion to some person who, if in her normal state of mind, should be dearest to the patient, and more especially to her child, was the most common and most prominent symptom, as far as my experience goes, of this disease.

Erotomania and obscenity were not very commonly observed in these cases. But in some of them obscene ideas and expressions appeared to have entire possession of the patient's mind. In one case I attended, a young lady of high social position, of remarkably religious habits, and of the purest life, whose insane salacity of

thought found expression in words which it was difficult to believe that she could have ever heard.

In most cases of puerperal mania marked derangement of the digestive functions was noticed; the patient's tongue was furred, the appetite either impaired or preternaturally large; her breath offensive, her bowels constipated, although in some cases, and these the worst, they were too free, the motions being passed unconsciously, and the evacuations unhealthy and fœtid.

Obstinate silence was a striking feature in two of my cases, the patients refusing for some days to reply to any questions, although it was obvious that they understood the observations made in their hearing and the questions put to them.

The pathology of this disease, as illustrated by post-mortem examinations, is still very obscure. The majority of cases recover; and of those who do not recover, a large proportion fall into a state of chronic insanity or dementia, and die of other causes than puerperal mania, and so Esquirol, who had numerous opportunities of making post-mortem examinations in the vast lunatic asylum under his charge, acknowledges that of the cases of this kind in which he examined the brain after death, he was unable, from the morbid appearance, to point out the cause or seat of the disease. In the majority of these cases some cerebral congestion was observed, and in the only immediately fatal case that occurred during my connection with the Dublin Lying-in Hospital, the only morbid appearance in the brain was a slight thickening and a vascular condition of the arachnoid, with considerable subarachnoid serous effusion, the exact amount of which was not measured, but which was about six or eight drachms.

*Prognosis in cases of puerperal mania.*—With regard to the probable result in such cases, there are two distinct questions to be considered:—1st. The probability of death from the disease; and 2ndly, the likelihood of the malady eventuating in permanent insanity.

The majority of cases of puerperal mania terminate in recovery; the next most frequent result of the disease is death from it, whilst the least common termination is in confirmed insanity.

Thus summing together all the cases of which the termination has been recorded of puerperal mania that I have either observed myself, or met with in the course of my reading on this subject, I find that out of every 1000 cases of puerperal insanity 668 recovered within six months of the attack.

The following table, framed from the reports of the most eminent writers on this subject, shows clearly the tendency of puerperal mania to terminate favorably:

Authority.	Total number of cases of puerperal mania.	Recovered.	Died.
Esquirol . . . .	92	55	6
Haslam . . . .	85	50	—
Burrows . . . .	57	35	10
Webster . . . .	181	81	—
Hardy and M'Clintock . . . .	7	6	—
Gooch . . . .	13	9	4
Johnston and Sinclair . . . .	26	18	3
Tuke . . . .	73	56	6

*Treatment of puerperal mania.*—With regard to the treatment of puerperal mania the indications are, 1st, to allay the nervous irritation; and 2ndly, to support the patient's strength, recollecting always that this is generally a disease of an asthenic type.

In most cases it was found necessary to commence the treatment by removing any source of irritation from the *prima via* by purgatives or laxative enemata, as the case might require.

It has been before observed that puerperal mania is usually ushered in by diminution, and sometimes by complete suppression of the milk and lochia, and I have attempted to explain some of the phenomena of this malady by supposing it to be the effect of the circulation through the brain of a blood poison caused by non-eliminated and altered excrementitious matters. Hence our first effort in such cases should, I think, be directed to the restoration of the suppressed discharges or secretions, or, failing in this, the substitution of some other channel for the elimination of the *materies morbi* from the system.

The renewal of the secretion of milk may be encouraged by applying the child to the breast or by the breast-pump. The lochial discharge may be stimulated by warm baths, poultices and stupes to the vulva, stimulating enemata, and cupping over the sacrum, or even, as recommended by some French writers, the application of leeches to the vulva.

Bromide of potassium, which possesses such marked power as a sedative in most diseases dependent on uterine irritation, was found very serviceable when the puerperal mania was of slight severity, or of the hysterical form. In such cases it was administered in doses of from ten to twenty grains every second hour; and by its use in this way I have, I believe, succeeded in warding off puerperal mania in cases in which all the premonitory symptoms of the disease had manifested themselves.

Chloral is, in my opinion, one of the best nervous sedatives and hypnotics that can be resorted to in the greater number of those cases of puerperal mania in which this class of remedies is indicated, and in which opium, hyoscyamus, camphor, and other similar medicines are either contra-indicated for reasons which I have already spoken of, or fail to produced the desired effect. In such cases I have some-



times given chloral with great benefit in procuring sleep and allaying nervous excitement. However, I should add that in some of the worst cases of puerperal mania in which I have succeeded in obtaining sufficient sleep for the patient by the use of chloral, the disease has continued unabated notwithstanding. In ordinary cases, from ten to thirty grains of chloral has sufficed to produce sleep. In some cases, however, I have administered ten grains every second hour till sleep was obtained, and in one very severe case, where this mode of giving chloral failed, I administered by enemata thirty-grain doses every third hour till sleep resulted, which was not until ninety grains of chloral had been thus given. But I would not again counsel such large doses of chloral to be given, as fatal results have been recorded from the administration of a much smaller quantity of this medicine.

Opium is a drug of less power in the treatment of puerperal mania, as far as my experience of its use goes, than might be anticipated from the analogy of this disease in its symptoms to traumatic delirium, or from the observations of eminent authorities, Drs. Gooch,<sup>1</sup> Seymour,<sup>2</sup> Blundell,<sup>3</sup> Ramsbotham,<sup>4</sup> Churchill,<sup>5</sup> and Maunsell.<sup>6</sup> In several of these cases opiates given in ordinary doses appeared to do more harm than good, and unless administered in large doses they rather increased the excitement than the contrary. Even in the largest dose considered prudent opium and its preparations, if they failed, as was sometimes the case, to produce sleep, appeared to increase the nervous excitement, the mania generally becoming more violent than before the opium was given. In some cases, especially of hysterical puerperal mania, I have seen opium act very well; but, as a rule, I think it should be used very cautiously in puerperal insanity.

Belladonna, in small doses of the fresh extract, may be serviceable in some cases, especially of hysterical puerperal mania; but it is a very uncertain medicine, and one which requires the greatest possible caution in its administration. I have seen very unpleasant effects produced by one third of a grain given every third hour.

Where the maniacal excitement runs high, tartar emetic, in small and repeated doses, is undoubtedly a medicine of great efficacy. I have seen violent delirium completely subdued in some cases, within a few hours, by the following mixture:

<sup>1</sup> Gooch, 'On Disorders of the Mind in Lying-in Women.'

<sup>2</sup> Seymour, 'Thoughts on the Nature and Treatment of several Severe Diseases of the Human Body,' p. 156.

<sup>3</sup> Blundell, 'Obstetric Medicine,' p. 589.

<sup>4</sup> Ramsbotham, 'Obstetric Medicine and Surgery,' p. 570. London, 1868.

<sup>5</sup> Churchill, 'Theory and Practice of Midwifery,' p. 776. Dublin, 1866.

<sup>6</sup> Maunsell, 'Dublin Practice of Midwifery,' p. 252. Dublin, 1869.



R Antimonii Potassii Tartratis, gr. j;  
 Tinct. Hyocyami, ℥iv;  
 Aquæ Camphoræ, ℥viiij.

Fiat mistura capiat, ℥; quæqua semi hora.

In some cases there appeared to be a tolerance in the system of the ordinary dose of tartarised antimony, which failed to produce any effect whatever; and in one of these cases I gave the tartar emetic in grain doses. The first grain had no effect, but the second not only quieted the nervous excitement, but, moreover, produced an alarming degree of depression of the heart's action; so that I would not be inclined to adopt this treatment again without some special necessity.

Depletion was not indicated nor practised in any of the cases on which this essay is founded.

In violent mania the application of cold to the head by constantly repeated thin cloths dipped in iced water, or an evaporating lotion, was very useful in some cases where vascular action ran high. In such cases the cold application was generally grateful to the patient, appeared to soothe nervous irritation, and to predispose to sleep.

Blisters to the nape of the neck are recommended by some writers, Ramsbotham and others, in the early stage of the disease; but my experience is not favorable to their use until the disease has passed from the acute into the chronic form, as the irritation they occasion adds but fuel to the fire if the patient be suffering the violent excitement of the acute form of puerperal mania, although they are very useful in melancholia.

As a rule, it is necessary in these cases to separate the patient from her family, and more especially from her husband and the child. This seclusion was, of course, better carried out in the hospital practice, the patient being removed to a separate ward, and better watched, than she would be in a private house.

A patient threatened with puerperal mania should never be left for a moment unwatched by a strong and experienced nurse, to guard against the possibility of her injuring either the child or herself.

In this disease, more than almost any other, it is necessary for the physician to practise the "fortiter in re" as well as the "suaviter in modo," and, though without any unkindness of manner, show the patient that it is useless to resist his orders. Once this control has been established over her, it will greatly facilitate her restoration to a sane state of mind in a sound body.

The following cases are merely given as a few examples of the symptoms and treatment of the cases of puerperal mania which have come under my observation in hospital and private practice.

*Appendix of Cases.*

CASE 1.—A lady, æt. 27, in her second confinement. There was some inertia in the second stage, and I delivered her by the forceps. Her previous confinement had taken place abroad, eighteen months before, and since then she had been in very delicate health. After the expulsion of the placenta there was considerable post-partum hæmorrhage, caused by inertia, which was restrained by the injection of solution of perchloride of iron, and the administration of ergot and wine.

On the following morning I found that she had not slept since her confinement; her pulse was about 80, and her manner irritable and excited. A draught containing twenty-five minims of *Acetum opii* was prescribed.

On visiting her next morning, the 22nd, her condition appeared rather worse, the draught had not produced sleep, her pulse was 100; she was exceedingly low and nervous; whilst I was speaking to her she burst into a fit of hysterical sobbing, and complained of imaginary injuries which she supposed she had received from her family, as well as from enemies who had been introduced into the house for the purpose of torturing her. I directed thirty grains of bromide of potassium in a mixture to be taken every third hour until sleep was obtained. After taking the second dose she fell asleep and slept soundly all night. In the morning (23rd) her condition was improved, the expression of her countenance was less anxious, her pulse was 80, soft, and compressible, the delusions had disappeared, but a state of great depression of spirits, with continual causeless weeping, still existed. There was no secretion of milk. The bromide of potassium was now discontinued and reliance placed on the free administration of stimulants and nourishment. She slept tolerably well that night; next morning the melancholia had entirely subsided, her spirits soon became good, and she rapidly convalesced.

CASE 2.—A. S—, æt. 25, first pregnancy, was delivered of a living male child on the 24th of March, after an easy labour; the placenta was in a state of fatty degeneration, was retained for three quarters of an hour by extensive morbid adhesions. I removed it, but before I was sent for very considerable hæmorrhage had taken place, and she was in an almost collapsed condition when I arrived. Brandy and beef-tea were administered freely by the mouth and by enemata, and opiates were given.

On the 29th she became delirious, the mania was of a low wandering and talkative kind. She was capable, however, of being recalled to her senses a moment by being spoken to in a loud tone.

Her pulse was rapid, there was no abdominal tenderness. She continued in this state despite all treatment till April 3rd, when the delirium suddenly and entirely abated; she became quite calm, and was sensible of her previous condition: but next morning, April 4th, she was found in a state of collapse and unconscious at the time of the morning visit, and she died the same day at 11.30 a.m.

CASE 3.—S. R—, æt. 19, first pregnancy, was delivered of a living female child after a natural labour of nineteen hours, of which only two were occupied by the second stage. She was confined on the 7th of July, and went on well until the evening of the 13th, when she was suddenly attacked by hysterical mania for which no exciting cause could be ascertained. Antispasmodics and sedatives were administered, she recovered perfectly, and was discharged convalescent on the 15th.

CASE 4.—A primipara, æt. 20, who had been married a year previously to a man of very inferior station to her own, and had suddenly passed from a condition of affluence and comfort to one of poverty and privation, was delivered in No. 7 ward, on the 4th of June, 1868, of a male child, after a very easy labour, having been less than half an hour in the second stage. On the 6th she complained of slight uterine pain and her pulse was accelerated. Dr. Denham saw her, and ordered two grains of Dover's with one grain of dried soda and two grains of grey powder every third hour. On the 9th she had castor-oil and turpentine draught, but as diarrhœa came on she was ordered an astringent mixture. On the 10th she was again placed on turpentine for the same reason as before, and that evening she became excited in manner, manifested a strong aversion to the child and to her husband, for whom she expressed the greatest contempt and dislike, although he was a very fond and indulgent husband, and expressed the most kindly affection for one of the pupils and myself to him when he came to visit her. She did not sleep on the night of the 12th, 13th, and 14th, although opiates were administered to her. She gradually became worse, and on my visiting the ward on the 14th I found her exceedingly loquacious and excited. She informed me that she was a great deal better, having relieved herself by giving the child who had been incautiously left with her "a right good smacking," as she expressed it. The child was taken from her and anodynes prescribed. On the 4th the mania was now very violent, she attempted to escape from the hospital, and her incessant shouting resounded through the corridor. She was removed to a separate ward, and placed on tartar emetic and Aetum opii in small doses every second hour. This treatment was continued for two days without any improvement, and on the 16th she was sent to the Richmond Lunatic Asylum, where she remained for six weeks, at the expiration of which she



was discharged perfectly well. She afterwards came to see me and had a perfect recollection of everything that had occurred, whilst she was suffering from the puerperal mania. About a year afterwards her circumstances became again very comfortable, her husband got a good situation in England, and before going to join him she sent for me to attend her in her second confinement, which took place in July, 1869, and passed off very favorably without any return of puerperal mania.

CASE 5.—A. S—, æt. 35. Fourth pregnancy; was delivered in No. 12 ward, March 12th, 1870, at 8.45 a. m., after a natural labour of 9 hours and 45 minutes. She was only a quarter of an hour in the second stage, and ten minutes in the third stage. The child was a male, alive, and weighed seven pounds. On the 15th, appearing rather weak, she was put on wine and beef tea, and a stimulating draught with chloric ether, and Hoffman in camphor water was given in the evening. Next day I found her pale and anxious-looking, her pulse was about 100; she had no abdominal pain or tenderness over the uterus, the lochia were natural and there was abundance of milk; but on inquiry I ascertained that she had not slept for the last three nights. I accordingly ordered her the following draught:—

R Hydratis Choralis, gr. xxx;  
Syrupi, q. s.;  
Aquæ Menthæ Pip, ʒj;

Mist. Fiat haust statim sumend.

Wine and beef tea were given. After taking the draught she slept for three hours. At the evening visit this draught was repeated with similar effect. On the two following days she required nothing beyond wine, beef tea (which were continued as long as she remained in the hospital), and the ordinary anodyne draught of the hospital. During the night of the 18th, however, puerperal mania suddenly set in; this manifested itself at midnight by a sudden and determined attempt to kill her child, which was rescued with some difficulty. She passed a sleepless night, and next morning was ordered draughts with twenty grains of bromide of potassium. After taking the second of these, in the evening she slept for three and a half hours. But still she passed a bad night, and was delirious on the following morning, the 20th, when her tongue was dry and furred, her pulse rapid and small; was now rather taciturn. The bromide of potassium was repeated; but at the evening visit, as she appeared worse and the mania greater, and the taciturnity exchanged for excitement, Dr. Johnston ordered thirty grains of chloral, after taking which she appeared for a time in a state of great nervousness and fear, but soon however fell asleep, slept for nearly four hours, and awoke calm.

February 21st, the puerperal mania had completely subsided; she



was calm and rational; however symptoms of well-marked typhoid fever now manifested themselves, and she was sent to the Hardwick Fever Hospital.

CASE 6. (bed 62), December 14th, 1869.—F. B—, first pregnancy; was delivered of a healthy living male child by the forceps at half-past eleven p.m. She had been eleven hours in labour, four hours in the second stage and ten hours in the third stage. The head presented in the second position, and owing to this and to rigidity of the perinæum the labour was rendered difficult.

On the 15th at midnight she complained of abdominal pain and tenderness. Her pulse 108, tongue moist and respiration natural. I ordered a draught with a drachm of turpentine and fifteen drops of *Acetum opii* and Chloric ether, and turpentine stupes and poultices over the seat of pain. On the 16th, having still some tenderness over abdomen, the turpentine, draughts, and poultices, were repeated and beef tea was ordered. She also complained of her breasts, and the breast pump and cere cloths were directed to be applied.

17th.—When visiting the ward for Dr. Johnston I observed a slight but very peculiar expression of excitement in her face, and a rather talkative manner. After a dose of tartar emetic she became much more tranquil; her pulse fell, and at 7.30 a.m. she was so calm that I was able to leave her in charge of the nurse.

18th.—At 9.30 a.m. she was quite calm. An hour later I was hurriedly sent for, and found her in a state of depression approaching collapse; her pulse very low and fluttering, countenance shrunk, pale and anxious, skin cold and clammy. I applied a sinapism over the heart, and gave a stimulating draught. Dr. Johnston now saw her, and the sinapism and stimulant began to improve the state of her circulation; her pulse rose, and the cerebral excitement became at once increased. She clutched Dr. Johnston when about to leave so that he had to extricate himself, though with all gentleness, and having taken every pains to soothe and compose her, from her grasp. He had the child removed into another ward, and with much resistance on her part laid her down in the bed in which she had been now standing for a couple of hours. I then administered a grain of tartar emetic, which she took, having first made her preparations for death, said her prayers and obtained a solemn promise from me that I would rest satisfied with poisoning her and not add to my crime that of opening her body after the death to which I was consigning her. The tartar emetic occasioning no emesis, and appearing to calm her to some slight extent, I repeated it in an hour's time with the same difficulty as before, and induced her to take some warm drink to promote its emetic action. However, she was not even nauseated by the large dose of tartarised antimony. She complained loudly of

our taking away the child to kill it after poisoning herself. She had not slept well the previous night, her sleep having been disturbed by dreams of horrible figures which continued to haunt her for a few moments after waking and opening her eyes. She was conscious, however, that this was an illusion. I ordered her some extra nourishment, beef tea, &c., and a full anodyne at bedtime. I also pointed out the case to the class as one of commencing puerperal mania.

Next morning at 4 a. m. I was sent for to see Mrs. B—, who was in a state of high maniacal excitement. On entering the room I found the patient standing erect in the centre of the bed, almost perfectly nude, holding her infant tightly elutched to her heart, and talking incessantly at the top of her voice. I endeavoured to induce her to lie down, but in vain; and as she was shaking the child about with great violence, at the same time protesting vehemently that she would not kill it, I was obliged to take it from her, which I succeeded in doing with some difficulty. I ordered a mixture containing tincture of hyoscyamus, Hoffman and chloric æther, beef tea, &c. Half an hour after the visit I was again summoned to this patient, and found that, the nurse having against our directions turned her back to get something in another part of the room, she had sprung out of bed, thrown up the window and, before she was missed, was standing on the window sill outside and was in the act of jumping from it into the paved area below, when she was most providentially seized by the ward maid by her hair, having no clothes whatever on, having torn off her chemise, and thus held with extreme difficulty as she was struggling violently to throw herself off, until assistance was procured, when she was lifted into bed, put into a straight waistcoat and carefully watched until she was the same day removed to the Richmond Lunatic Asylum. I afterwards ascertained that she recovered very rapidly and left the asylum in a sound state of mind within ten days.

CASE 7. Feb. 6th, 1870.—An unmarried primipara, who had been delivered five days previously after a natural labour, suddenly showed symptoms of puerperal mania. As she was dressing to lie outside the bedclothes she began to shriek and clap her hands together in a hysterical manner, and after a few moments of violent excitement became obstinately silent, and refused to speak a word. I saw her immediately after the attack commenced, and ordered twenty grs. of chloral in a draught; this produced no apparent effect. She was also ordered wine and beef tea freely.

On the 7th, at mid-day, she had a well-marked epileptic fit, and on visiting the ward fifteen minutes afterwards I found her very restless, excited, and talkative, complaining of severe headache, and pulse 100. I prescribed

R Chlorali Hydratis, gr. xx;  
 Syrupi, ʒj;  
 Aquæ Cinnamomi ad ʒj.

M. fiat haustus statim sumendus.

After taking this draught she immediately dozed off, and slept for nearly four hours, when she awoke in a stupefied condition, eyes wild and staring, would not speak, decubitus dorsal. She now had hot wine and beef tea at short intervals.

8th.—Her condition continues much the same as yesterday. Continues obstinately silent, pulse small and very rapid, lying on her back kicking at the bedclothes, features pinched, expression of vacuity. Was given twenty grains of chloral at morning visit without any effect whatever. At night had thirty minims of tincture of opium in an enema, with brandy and beef tea, and only slept for one hour all night.

9th.—No change in condition or treatment.

10th.—Slept from last night till 4 a.m. She is much more talkative, and has passed from a state of morose taciturnity into one of extreme garrulosity and excitement. Visiting for Dr. Johnston, I gave her thirty grains of chloral at 10 a.m.; this at once quieted her and produced four hours' sleep. At bedtime a similar dose of chloral was also given. After taking the last draught she fell asleep within a few minutes, and for the first time since her confinement had an entire night's uninterrupted sleep.

11th.—She appears quite stupefied this morning; refuses to speak or to take food, wine, or medicine. Was sent to Richmond Lunatic Asylum.

CASE 8.—An unmarried woman, aged about 40, was delivered of her second child in No. 12 ward, March 30th, at 10 a.m.; she was in great distress of mind, exhibited all the premonitory symptoms of puerperal mania, talked wildly, did not sleep for three nights; got out of bed and insisted on going home the day after her confinement, and manifested an aversion to the child. On the evening of April 2nd she got twenty grains of chloral, and half an hour after she fell asleep and slept for the first night since her admission into hospital before delivery. Next morning she was quite free from any symptom of puerperal mania.

CASE 9.—A. S.—, aged 35, fourth pregnancy, was delivered at 8 a.m., February 12th. Her labour lasted nine hours, and was natural. The child was a male, and was living. On the third day after delivery (the 15th) she complained of great weakness, had no appetite, looked pale, and was ordered draughts, with ammonia, chloric ether, and Hoffman. On the following day her pulse was 100, the abdomen was free from pain or tympanitis; the milk and lochia were abundant and natural. She had not slept, however,



since her confinement. Beef tea and wine were ordered, and I prescribed a draught with twenty grains of chloral, which produced three hours' sound sleep, and was again repeated that night.

On visiting her on the 19th, it was found that she had had a sudden attack of violent puerperal mania during the night, but made no attempt to destroy the child. I directed twenty grains of bromide of potassium in a draught; was repeated in the evening, and seemed to quiet her, as she had three or four hours' sleep. On the 20th she was more composed, but still maniacal, and was ordered thirty grains of chloral at bed time. An hour after this draught she slept for nearly four hours, and awoke in a very nervous excited condition, but soon got calm. On the 21st the puerperal mania had completely subsided; she was quite rational, but shortly after typhoid fever set in, for which she had to be removed to the Hardwick Fever Hospital.

CASE 10.—March 5th.—I was called, in consultation with Dr. O'Neil, to see a lady, æt. 21, who had been fourteen days previously confined of her first child, and had afterwards progressed favorably till the tenth day after delivery, when she was suddenly attacked by acute puerperal mania of a very violent type. When I saw her *she had not slept for six nights*; was highly delirious; pulse 140, and weak, as she refused to take food. Two drachms of hydrate of chloral with the same quantity of bromide of potassium, and four drachms of tincture of hyoscyamus in a six-ounce mixture, an ounce of which was to be given every hour, was prescribed. Next day we found her worse; she had spit out the medicine, and had not slept nor taken food since. I now proposed to try the effects of chloral in a way in which I believed it had never been previously used, and we accordingly gave her enemata of brandy and beef tea, with thirty grains of chloral in each, every third hour. The third enema produced immediate effect, and after taking it she had eight or nine hours' uninterrupted sleep, the first repose she had had for seven nights. On awakening, however, the mania still continued with unabated violence, and we found her no better next morning. The chloral was continued in the same way till the 9th, when, finding that the disease remained without any improvement, although the medicine produced sufficient sleep each night, we determined to try the effect of a complete change of scene and air, conjoined with proper care, and for this purpose she was removed to a lunatic asylum, from which she went home perfectly cured in about three months.

CASE 11.—February 10th, 1870.—I attended a lady, æt. 24, who was delivered of a living male child at 9.30 p.m., after a natural labour of seven hours. It was her second confinement. Her last labour had occurred fifteen months before, and was followed by a



very severe and protracted attack of puerperal mania. She was a person of a very nervous, hysterical temperament, who had been indulged in every way by her parents as well as by her husband, and of a very passionate disposition. She went on well till the 13th, when her pulse was 100. She had not slept the night before, but complained of no pain or uterine tenderness.

14th.—She has now not slept for two nights, complaining of no pain; pulse 100; pupils contracted; insists that she is quite well, manner wild and excited; had got into a great rage with the nurse, and struck her for not settling the pillow properly. Ordered,

℞ Potassii Bromidi, ʒj;  
Tinct. Hyoseyami, ʒiij;  
Tinct. Lupuli, ʒiij;  
Aquæ Camphoræ ad ʒviij.

M. ʒj every sixth hour.

15th.—Still continues in the same state as yesterday; increased the dose of bromide of potassium to thirty grains every sixth hour.

16th.—Slept well last night. Is calm and rational, and convalesced rapidly from this day.

